

NCI defends research involving minority groups

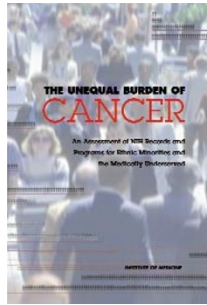
A government-mandated report charging the National Institutes of Health (NIH) with devoting too few resources toward studying cancer disparity has put the National Cancer Institute (NCI) in the position of defending its research efforts focused on minority populations.

In an analysis of who is most likely to suffer a poor outcome following cancer diagnosis, the US Institute of Medicine (IOM), a division of the National Academy of Sciences, pointed to status as an ethnic minority and low income as predisposing factors. To combat this, the IOM says that the NCI should expand efforts to learn why poor people and ethnic minorities develop cancer and die of the disease at disproportionately higher rates.

The IOM said that although the NCI has made progress in recent years at addressing cancer disparities, there are still gaping holes. For example, although minorities have been increasingly added to treatment studies, few have been in cancer-

prevention trials. The 272-page report also suggests a reclassification of population categories from the one used presently, which has a more "historical, social and political significance," to one with greater biological relevance. However, some members of the IOM panel are aware of the enormity of this request, as it may mean an overhaul throughout the Health and Human Services Department.

Even though the NCI has funded an "impressive array" of cancer studies over the years, concludes the report, there has been no "overreaching strategy" to guide its efforts in studying the medically underserved. "There needs to be a greater emphasis on behavioral studies in particular, because we know that lifestyle is a question of behavior and impacts cancer incidence," says Alfred Haynes, former president and dean of the Drew Postgrad-



uate Medical School in Los Angeles and chair of the IOM study group.

Otis Brawley, the NCI's director of the Office of Special Populations Research—one of two NIH Offices criticized specifically in the report for its inability to coordinate more ethnic research—admits that the document is likely to prompt the NCI to redouble its research efforts in this area. But, he says, many of the problems of cancer disparities are already well known. "Research done at the NCI 10 to 15 years ago told us what the problems are

and the solutions are not within our purview," he says.

The IOM study group counters that although social problems figure prominently into cancer disparities, there is still much that the NCI can do. "The NCI may not be able to change poverty, but with the right data, we can develop strategies to reach low income populations with surveillance, cancer prevention, detection and treatment," says Susan Scrimshaw, dean of the School of Public Health at the University of Illinois at Chicago and a study group member.

Brawley is also sharply critical of the IOM's accounting methods that estimated the NCI's spending on cancer studies in the medically underserved to be \$24 million, compared with NCI's own calculations of \$124 million. The IOM figure, says Brawley, ignores 'relevant research', which includes studies designed to detect cancer early and prevent or treat it. "Those studies are relevant to all races," he insists. The IOM factored-in only 'targeted research', which is focused almost entirely on a special population. "I hope we continue to maintain a focus on what the scientific opportunities are and not less this [report] deter us," says Brawley. A copy of the report, *The Unequal Burden of Cancer*, is available at <http://www.nap.edu>

SCOTT GOTTLIEB, NEW YORK

Australian research papers make the grade

Australia's National Health and Medical Research Council (NHMRC), a government body that hands out more than AUS\$160 million (US\$104 million) in research grants annually, is trumpeting the findings of an independent bibliometric study that shows its grant recipients are widely cited in peer-reviewed journals. The analysis, *Australian Biomedical Research Funding Acknowledgments and Performance*, shows that 40 percent of the most widely cited Australian biomedical research papers in international journals are sponsored by NHMRC often in conjunction with foreign funds, and 40 percent acknowledge funding from non-profit bodies such as the National Heart Foundation and anti-cancer councils.

The study assessed the impact of 13,620 Australian publications for 1993 and 1994, and discovered that the output accounted for 2.5 percent of all worldwide biomedical publications. NHMRC-funded research appears in the top 1 percent of most highly cited papers, according to Warwick Anderson, chair of the NHMRC research committee that commissioned the report from the Australian National University. "The study found that research which draws support from multiple sources, including the NHMRC, tends to achieve higher citation rates. Maybe

one reason is that we now give greater consideration to funding international collaborative projects," he says.

The most dismal performance, says Anderson, is from industry, which contributed to only 8 percent of publications, in contrast to British industry that sponsors 27 percent of UK publications. Anderson believes this is yet another example of industry's failure to get behind the biotech revolution and support academic research in the country. The Australian Pharmaceutical Manufacturers Association (APMA) bristles at the criticism, countering that last year its members pumped \$260 million into research, although the focus is on applied rather than basic research. Furthermore, some of this is commercially sensitive and cannot be published, explains APMA CEO Pat Clear.

The study found only 56 percent of publications rely solely on Australian funds, 17 percent list only international bodies—mainly from the UK and USA—and 27 percent list a combination of Australian and foreign. The really good news, according to Anderson, is that in the most rapidly advancing fields such as cell biology and genetics, Australia is achieving better than average recognition.

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CORRECTION

In the news story, "NIH opens conflict-of-interest investigation" (*Nature Med.*, 5, 129; 1999) we incorrectly reported that Richard Eastman, a researcher at the National Institute of Diabetes and Digestive and Kidney Diseases, has received consulting fees totaling \$784,500 from the pharmaceutical company, Warner-Lambert. The correct amount is \$78,455 over the three-year period indicated. We regret this error.